

UNITED COOPERATIVE*

EMPLOYMENT APPLICATION

United Cooperative is an equal opportunity employer. United Cooperative does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, sexual orientation, national origin, disability or handicap, veteran status, or any other basis prohibited by federal or state law.

PERSONAL INFORMATION

DATE / /

Name (Last)	Legal First Name <small>(No Nicknames)</small>	(Middle)	Social Security No. / /				
Home Address		City	State	Zip			
Home Telephone ()	Cell Phone ()	Business ()	May we contact you at work Yes No				
Position Applying For	Location	You are applying for (check all that apply) Full-time Part-time Temp. Seasonal					
Days and Hours Available. Complete for a convenience store or restaurant.			Willing to relocate? Yes No				
			Willing to Travel? Yes No				
			If yes, what %? _____%				
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, do you have a current work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you worked for United Cooperative before? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes: From _____ to _____							
Do you have relative(s) who work for United Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes: relationship _____							
Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____ I.D.# _____							

EDUCATION

Type of School	Name and Location		Degree/Area Of Study	GPA	Degree Earned
High School	Name	City			
	State	Zip			
College or Technical	Name	City			
	State	Zip			
Graduate School	Name	City			
	State	Zip			
Other (e.g. GED)	Name	City			
	State	Zip			

*United Cooperative means United Cooperative or any Division, Entity, or Subsidiary of United Cooperative.

SPECIAL SKILLS

Typing Speed _____WPM Office machines you can operate: Fax Copier Calculator
Switchboard Cash Register Multiple line phone _____lines Adding Machine 10 Key

I am pc (computer) literate Yes No Software I am proficient at: Word Excel
Microsoft Outlook Power Point Microsoft Office Desktop Publishing Other_____

I have a commercial drivers license (CDL) Yes No If Yes, Class A B C
State_____ Expiration Date_____/_____/_____

I am experienced and can operate: Industrial forklift, Front-end loader Skid steer
Farm tractor(s) Floation sprayer Other_____

Foreign Language Skill: I can Speak Read Write _____
(Only name a language(s) you are fluent in) Speak Read Write _____

Indicate any other skills or training you have which will assist us in evaluating your
qualifications with respect to the job for which you are applying:

EMPLOYMENT HISTORY

List employment, starting with your current employment or your most recent employment. Indicate your activity during any
unemployed time period, so there are no gaps. May we contact your present employer? Yes No Past employer? Yes No

A. Name of Employer: _____
Address: _____
_____ Telephone Number_____/_____/_____
Job Title: _____ Start Pay: \$ _____ per _____ End Pay: \$ _____ per _____
Start Date; _____/_____/_____ End Date; _____/_____/_____
Job Duties: _____
Supervisor's Name and Title: _____
Reason for leaving or wanting to leave: _____

B. Name of Employer: _____
Address: _____
_____ Telephone Number_____/_____/_____
Job Title: _____ Start Pay \$ _____ per _____ End Pay \$ _____ per _____
Start Date: _____/_____/_____ End Date _____/_____/_____
Job Duties: _____
Supervisor's Name and Title: _____
Reason for leaving: _____

C. Name of Employer: _____
 Address: _____
 _____ Telephone Number: ____/____/____
 Job Title: _____ Start Pay: \$ _____ per _____ End Pay: \$ _____ per _____
 Start Date: ____/____/____ End Date: ____/____/____
 Job Duties: _____
 Supervisor's Name and Title: _____
 Reason for leaving: _____

D. Name of Employer: _____
 Address: _____
 _____ Telephone Number: ____/____/____
 Job Title: _____ Start Pay: \$ _____ per _____ End Pay: \$ _____ per _____
 Start Date: ____/____/____ End Date: ____/____/____
 Job Duties: _____
 Supervisor's Name and Title: _____
 Reason for leaving: _____

WORK REFERENCES *Please give three references of people who can verify your work experience, skills or other characteristics related to the job for which you are applying.*

#1 Name: _____ Address: _____	Title: _____ Telephone Number: ____-____-____ Relationship _____
#2 Name: _____ Address: _____	Title: _____ Telephone Number: ____-____-____ Relationship _____
#3 Name: _____ Address: _____	Title: _____ Telephone Number: ____-____-____ Relationship _____

LEGAL

Have you ever been convicted of a misdemeanor, or felony? Yes No If yes, please give the details.

A yes answer does not automatically bar you from employment and is only considered as it relates to the specific job for which you are applying, or being considered for.

Have you signed a no compete or confidential agreement that is in effect and may prevent you from working freely for United Cooperative? Yes No

Are you related to any person on United Cooperative's Board of Directors? Yes No If yes, relationship

CERTIFICATION AND TERMS

I certify that all of the information I have given in completing this application is true and complete. I further understand that United Cooperative may refuse employment or discharge me during employment if I have given false or misleading information or omissions in this application.

In signing this application, I give my permission to United Cooperative to perform an investigation either by direct or indirect means that may involve all or some of the following: previous employment, education, credit record**, driving record, criminal history, and skill verification. I further authorize any individual, previous employer, institution, or company to provide such information and release such party(s) including United Cooperative from any and all liability that might otherwise be incurred in furnishing such information, subject to federal and state law.

I understand and agree that if employed, the employment will be “at will”. This means that either United Cooperative or I may end the employment relationship at any time, for any reason, or no reason. I further understand that receipt of this application by United Cooperative does not imply employment nor is this application a contract of employment. I understand that no United Cooperative representative has the authority to alter the “at will” nature of this employment absent written authorization of the President and C.E.O.

I further understand that if employed, I may be required to voluntarily submit to a drug test as directed by United Cooperative for any of the following; (a) a drug/alcohol screening after hire but before starting work, (b) a random drug/alcohol test legally required in your job, e.g. DOT, (c) a random drug/alcohol test as required by United Cooperative, (d) a drug/alcohol test after involvement in an “on the job” industrial or vehicular accident, (e) a drug/ alcohol test after an occurrence of “probable cause”. If I refuse to take a drug/alcohol test, I understand that an offer of employment may be withdrawn or my employment terminated by United Cooperative.

***If a credit report is requested and information on that report is used by the Company, which adversely affects you, the Company will furnish you with a copy of that report and your rights under the “Fair Credit Reporting Act.”*

SIGNATURE

_____/_____/_____
DATE

Please Print Your Name